

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F95000001554 (3)

1. Corporation Name

BIO TECH ORTHOTICS, INC.



Principal Place of Business

2706 ALTERNATE 19 N. STE. 306
PALM HARBOR FL 34683

Mailing Address

2706 ALTERNATE 19 N. STE. 306
PALM HARBOR FL 34683

3. Date Incorporated or Qualified

03/31/1995

3a. Date of Last Report

N/A

2. Principal Place of Business

21 4060 Breckland Ct

2a. Mailing Address

26 4060 Breckland Ct

4. FEI Number

59-3303552

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

GARCIA, GERALYN

2706 ALTERNATE 19 N. STE. 306
PALM HARBOR FL 34683

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

4060 Breckland Ct.

83

84 City

Spring Hill

FL

85 Zip Code

34609

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Geralyn Garcia

Geralyn Garcia

5/26/96

(NOTE: Registered Agent Signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE CP ☐ DELETE

NAME GARCIA, GERALYN
STREET ADDRESS 3107 SUMNER WAY
CITY-STATE-ZIP PALM HARBOR FL 34684

TITLE D ☐ DELETE

NAME CASALE, ANTHONY
STREET ADDRESS 3107 SUMNER WAY
CITY-STATE-ZIP PALM HARBOR FL 34684

TITLE V ☐ DELETE

NAME GARCIA, JOSE
STREET ADDRESS 3107 SUMNER WAY
CITY-STATE-ZIP PALM HARBOR FL 34684

TITLE S ☐ DELETE

NAME CASALE, JENNIFER
STREET ADDRESS 3107 SUMNER WAY
CITY-STATE-ZIP PALM HARBOR FL 34684

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

4060 Breckland Ct.
Spring Hill, FL 34609

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

4060 Breckland Ct.
Spring Hill, FL 34609

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4060 Breckland Ct.
Spring Hill, FL 34609

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

4060 Breckland Ct.
Spring Hill, FL 34609

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Geralyn Garcia
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-26-96

Date

352-683-6939

Daytime Phone #

CR2E034 (12/95)